HEALTH CARE WITHOUT HARM

THE CAMPAIGN FOR ENVIRONMENTALLY RESPONSIBLE HEALTH CARE

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Comments on the NTP-CERHR Expert Panel Report on di(2-ethylhexyl) phthalate, October, 2000.

These comments are prepared by Ted Schettler MD, MPH on behalf of Health Care Without Harm (HCWH).

Exposure:

HCWH is aware that detailed human DEHP exposure data are limited. On pg. 8 of their report, the Expert Panel cites estimated daily intake by the population of Canada in Table 3. Here, indoor air exposures to DEHP are estimated to range from 0.85-1.2 micrograms/kg/day. However, Huber et. al note that indoor (or in car) inhalation exposures may exceed these estimates by as much as two orders of magnitude.[1 2] Highest indoor air exposures to DEHP are noted in rooms with flooring or wall-covering made of PVC plasticized with DEHP. Inhalation exposures to DEHP on the inside of cars may also be considerable, depending on temperature and construction materials. These observations imply that there may be a significant portion of the population exposed to DEHP in excess of the 3-30 micrograms/kg/day estimated by the panel.

The Panel also discusses DEHP inhalation exposures from PVC endotracheal tubes on page 13. As noted, Latini measured the DEHP content of endotracheal tubes before and after use and from that, was able to calculate the DEHP lost.[3] The Panel then says that the DEHP measurements involved overnight extraction in chloroform:methanol, and since that these conditions are much harsher than those present in vivo, the study can not be used to estimate exposures. This reasoning is unclear. Latini used that extraction technique in order to determine the amount of DEHP left in the endotracheal tube after varying periods of use. He was not suggesting that DEHP extraction with organic solvents somehow simulated in vivo conditions. Rather, he was simply asking how much DEHP was left in the tubes after their use and used the solvent extraction as a method for answering that question. He found an inverse relationship between the length of time that a tube had been used and the amount of DEHP that was later extractable.

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Of course, the extent to which DEHP from the tube is actually absorbed systemically is another question and was not examined in this study. Latini was prompted to study this question because of a hypothesized connection between DEHP exposure and bronchopulmonary dysplasia.

Animal models:

The Panel reviews a large body of animal data throughout their report and notes age- and species-dependent differences in the toxicity, absorption, metabolism, and kinetics of DEHP. Age-dependent differences are undoubtedly extremely important, in terms of risks to humans. Therefore, it is important that there be consistency and precision throughout the Panel report.

The reasons for age-dependent differences in testicular toxicity of DEHP are not fully understood. As the Panel notes, differences in tissue susceptibility are undoubtedly important. Metabolism of DEHP is also likely to be age-dependent, particularly in primates, where glucuronidation pathways are not mature at birth. Tissue susceptibility may be age-dependent for several reasons. Immature, dividing cells may be inherently more susceptible. But, it may also be the case that, in the immature testis, where the blood-testis barrier is not yet formed, circulating DEHP or MEHP may have greater access to the Sertoli cells and other components of the seminiferous tubules than in adults. That is, the tissue distribution of MEHP may differ in the immature and adult organism.

In humans and non-human primates, prepubertal Sertoli cells are scattered randomly throughout the seminiferous tubules.[4 5] Testosterone secretion early in puberty initiates migration of Sertoli cells toward the basement membrane, and nuclei show qualitative changes in size and shape. Realignment of the Sertoli cells along the basement membrane, along with other peritubular changes, form the blood-testis barrier. MEHP is >99% ionized at physiologic pH, based on a predicted pKa of 3.76.[6] Consequently, the presence or absence of an intact blood-testis barrier, along with the degree of development of metabolic and excretion pathways, are likely to be important determinants of exposure of the entire population of Sertoli cells and germ cells to circulating MEHP. Gray et al have shown that MEHP does not quickly cross the blood-testis barrier.[7] Dixon et al have shown the importance of pKa as a determinant of access to the tubular lumen.[8]

For these reasons, it is important to accurately characterize the age of animals used for experimental purposes. For example, in the study of cynomolgus monkeys by Pugh et al, the authors say that the animals were "young adult (~2 year old) male cynomolgus monkeys." The age of these animals is important but not precisely known. Lee, et al report that cynomolgus monkeys at age 2.1 +/- 0.2 years already show evidence of testosterone rise and testicular volume.[9] It is, therefore, likely that these animals were studied when the blood-testis barrier was already somewhat adult-like and when tissue distribution of MEHP may vary from that expected in younger animals.

The Panel cites the study by Pugh et al and Kurata et al in a number of places in their report. As noted, the marmosets studied by Kurata et al are all also beyond the age of initial testosterone surge associated with puberty.[10] HCWH believes that it is important that the Panel report make it clear, whenever these studies are cited, that in each case, the animals were at least old enough to be in early puberty and that the observations can not be used to predict effects in younger animals. It would help if the Panel were to define what they mean by "prepubertal" (pg 25, 67). It would also be helpful for the Panel to make it clear on pg 72 that the marmosets were pubertal.

On page 94, the Panel says that "peripubertal" dosing is believed to be the most sensitive period for causing adverse effects. However, the Panel does not explain why they believe that to be true nor do they provide a reference.

Age-related sensitivity to DEHP exposure may be very important for estimating risks to humans. In humans, the blood-testis barrier is not intact until puberty and Sertoli cell proliferation occurs both in the neonatal period and again during puberty.[11] Therefore, human susceptibility to testicular toxicity from DEHP/MEHP exposure may be prolonged. Toxicological data from human studies will always be difficult, if not impossible, to obtain. Therefore, it is important that the animal data be carefully considered and accurately described.

Biotransformation:

In the discussion of biotransformation (pg 34-36) it would be helpful if the Panel were to make it clear that in the study of Albro, et al., humans and monkeys excrete glucuronides of MEHP to a significant degree (18% and 29% respectively) after IV dosing. This becomes important when estimating exposures to MEHP after dosing with DEHP via various routes.

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[2] Wams TJ. Diethylhexylphthalate as an environmental contaminant-a review. Sci Total Environ 66:1-16, 1987.

[3] Latini G, Avery GB. Materials degradation in endotrachael tubes: A potential contributor to bronchopulmonary dysplasia (letter). Acta Pediatr 88:1174-75, 1999.

[4] Muller J, Skakkeback N. The prenatal and postnatal development of the testis. Balliere's Clin Endocrin Metabol 6(2):251-271, 1992.

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[7] Gray TJB, Gangolli SD. Aspects of the testicular toxicity of phthalate esters. Environ Health Perspect 65:229-235, 1986.

[8] Dixon RL, Lee IP. Pharmacokinetic and adaptation factors involved in their testicular toxicity. Fed Proc 39(1):66-72, 1980.

[9] Lee M, Gustafson M, Ukiyama E, et al. Developmental changes in Mullerian inhibiting substance in the cynomolgus monkey, Macaca fascicularis. J Clin Endocrin Metabol 78:615-621, 1994.

[10] Abbott D, Hearn J. Physical, hormonal, and behavioral aspects of sexual development in the marmoset monkey, Callithrix jacchus. J Reprod Fertil 53(1):155-166, 1978.

[11] Cortes D, Muller J, Skakkebaek N. Proliferation of Sertoli cells during development of the human testis assessed by stereological methods. Intl J Androl 10(589-596, 1987.

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